

Listeria Case Investigation Form Instruction Sheet

This instruction sheet should be used in conjunction with the *Listeria* case investigation form (CIF) - Updated September 2017.

A CIF should be complemented for all lab-confirmed *Listeria* isolations from normally-sterile sites, i.e. causing invasive disease.

Interviewer Details

Name	Name of person completing the CIF
Surname	Surname of person completing the CIF
Contact number	Reliable contact number of person completing the CIF
Date investigation initiated	The date on which completion of the CIF was initiated in the format dd/mm/yyyy
Date investigation completed	The date on which the CIF was finalised in the format dd/mm/yyyy

Laboratory Information

Laboratory name	The name of the laboratory where the isolate was grown or the case was confirmed
Laboratory specimen no.	The laboratory number on the sample or on the laboratory register related to this case
Specimen type	Choose the appropriate option or options if <i>Listeria</i> was isolated from more than one specimen type. Options are limited to Blood , CSF and Other . If selecting Other , please specify the specimen type in the space provided. Other refers to swabs or fluids taken from normally-sterile body sites.

Source(s) of Information

Interview	Select Yes if an interview was conducted in the completion of the CIF and No if an interview was not conducted.
Medical record review	Select Yes if a medical record review was conducted in the completion of the CIF and No if no medical records were found, if the patient was not admitted or if a medical record review was not possible at the time.
Person(s) interviewed	Select an option or options to indicate the person or people that were interviewed in the

	completion of the CIF. Relative refers to any relation other than a parent that lives with the patient. Parent of the patient if the patient is a child. Caregiver refers to a person responsible for the care and well-being of the patient other than a parent or relative. Guardian refers to the legal guardian of a child or a patient that has been placed under the legal responsibility of a guardian. Patient is the person from whom the organism has been isolated. Partner refers to a spouse or life-partner of the patient.
Telephonic interview	Select Yes if a telephonic interview was conducted in the completion of the CIF and No if a telephonic interview was not conducted.
Telephone number	If a telephonic interview was conducted record the telephone number used to contact the person interviewed.

Demographic Details

Name	Name of the patient as recorded on laboratory form or medical record
Surname	Surname of the patient as recorded on laboratory form or medical record
Date of birth	Use only actual date of birth either verified by interview or taken from a road-to-health-card or as recorded on laboratory form
Age	Calculate age of the patient on the day of specimen collection
Age units	If the patient is 29 days old and less, record age in Days . If the patient is 30 days to 59 months old, record age in Months . If the patient in 60 months old and older, record age in . If the patient in 60 months old and older, record age in Years .
Age unknown	Tick if age is unknown
Gender	State if the patient is male (M), female (F) or if the gender cannot be determined state unknown (U). Do not assume from the patient's name.
Contact number	Record the patient's contact number for potential follow-up investigation
Race	Select the race classification the patient identifies as. If the patient choose not to disclose or identifies to a race classification other than the provided options or if the race is unknown, select other and provide detail in the space provided. Do not assume from the patient's name.

Home address	Address of the place where the patient is/was residing at the time of illness onset
Code	Area postal code linked to residential address
District	Municipal district where the patient resides
Province	Provincial demarcation where the patient resides
Occupation	State the full-time (most of day) job the patient undertakes. If the patient is a neonate or child that is not of school going age, occupation can be captured as not applicable .
Place of employment	State the place/company/institution where the patient is employed or attends school or crèche or spends most of the day. If the patient is a neonate or child that is not of school going age or unemployed, place of employment can be captured as not applicable .
Identity number	Used to verify date of birth. Can be established through an interview or from the RTHC. Select unknown if it is not possible to source
Has patient lived in South Africa for the last month?	In the last month refers in the 30 days prior to illness. If the patient has travelled, please record which country the patient has travelled from.

Clinical Details

Symptomatic	Fill in "Y" if the patient had any of the symptoms listed below or "N" if the patient was not symptomatic or "U" if the information cannot be established.
If symptomatic date of onset of symptoms	The date of onset of illness in the format dd/mm/yyyy
If symptomatic, tick all the listed symptoms below that the person experienced:	Select any (either one or many) of the symptoms listed that are related to this episode of illness. This information can be gathered from medical records and through interview. If other symptoms not listed as an option have been noted by the patient or in the medical records for this episode of illness, select other and specify in the space provided.
Temperature (°C)	Recorded patient temperature on date of presentation or unknown
Blood pressure	Systolic/diastolic BP (mmHg) or unknown
Mechanical ventilation	Mark "Yes" (ventilation) or "No" (no ventilation) or "Unknown". Oxygen masks = "No"
Cardiac arrest	Mark "Yes" or "No" or "Unknown" in relation to whether or not the patient has a recorded episode of cardiac arrest or unknown if the information cannot be established.
GCS	Total/15 or unknown. This should be retrieved

	from the patient's admission notes. If GCS is recorded as separate numbers sum them so as to record GCS as a single number out of 15.
Mental status	Record mental status or unknown. If mental status is known, double-check that the recorded GCS correlates. Alert: patient fully conscious – GCS=15 Disorientated: Confused, responds to verbal commands, drowsy child – GCS= 13 to 14 Stuporous: Responds to painful stimuli, partially unconscious – GCS=9 to 12 Sedated: Ventilated patients, nearly unconscious due to medication or a seizure – GCS= >8 or <15
Patient diagnosis	Select a confirmed diagnosis. Bacteraemia/Sepsis if the organism was detected via a blood culture but no specific clinical diagnosis or site of infection has been recorded. Meningitis if the organism was cultured from a CSF specimen or if the clinician has recorded that the patient's diagnosis was meningitis. Pneumonia if the organism was detected via a blood culture or the doctor has recorded a diagnosis of pneumonia. Granulomatosis infantiseptica if the doctor has recorded a diagnosis or not seeing miliary pyogranulomatous lesions on the patient's body as manifestations of neonatal listeriosis. Other select if another diagnosis has been recorded for this episode of illness and state in the space provided.

Host Risk Factors

Select any of the host risk factors or conditions predisposing the individual to infection with *Listeria* as recorded in the medical records or ascertained through an interview. If any other immune-compromising conditions have been recorded please list in the space provided.

Admission Details

Admitted	State either "Y" if the patient was admitted or "N" if the patient was not admitted or "U" if this information cannot be determined.
Previous admissions in the last year	State either "Y" if the patient was previously admitted or "N" if the patient was not previously admitted. If the patient is a neonate this question pertains to the mother of the child.
Number of previous admissions	State the number of previous admissions in the last year. If the patient is a neonate this question

	pertains to the mother of the child.
Date of current admission	State the admission date for this episode of illness in the format dd/mm/yyyy . If the patient is a neonate this question pertains to the mother of the child.
Hospital name	The name of hospital where the diagnosis was made and the case alerted.
Ward	The name of the ward that the patient was admitted to for treatment.
Outcome	Select one of the options for outcome at the time of CIF completion.
Adult ward/Paediatric ward	Select the type of ward the patient was admitted to. If not recorded in medical record or not easily attainable, look at the patient's age to see if patient would go to adult or paediatric ward.
Hospital number	Hospital number as indicated on the medical record of the hospital referred to above.
Outcome date	The date for which the outcome referred to above was recorded in the format dd/mm/yyyy .
Was patient referred?	State either "Y" if the patient was referred or "N" if the patient was not referred or "U" if this information cannot be determined. If the patient is a neonate this question pertains to the mother of the child.
Name of referring facility	If the patient was referred state the name of the referring facility where the patient was admitted/placed. If the patient is a neonate this question pertains to the mother of the child.
Date of referral	State the referral date for this episode of illness in the format dd/mm/yyyy . If the patient is a neonate this question pertains to the mother of the child.
Date of first presentation	State the date the patient presented to the initial healthcare facility for this episode of illness in the format dd/mm/yyyy . If the patient is a neonate this question pertains to the mother of the child.
Was patient transferred to another hospital?	State either "Y" if the patient was referred or "N" if the patient was not referred or "U" if this information cannot be determined. If the patient is a neonate this question pertains to the mother of the child.
Date of transfer	State the transfer date for this episode of illness in the format dd/mm/yyyy . If the patient is a neonate this question pertains to the mother of the child.

HIV Information

HIV status on presentation	At this admission was the patient HIV positive, negative or unknown?
If positive when was the diagnosis made?	Date in the format dd/mm/yyyy of diagnosis of HIV or unknown
Source of HIV status	For positive status: Select how the positive HIV status was reported. Select other and specify in the space provided, e.g. lab report
If negative when was the last test done?	Date of last test in the format dd/mm/yyyy . Date to be within the last 6 months. If longer, patient to be retested.
HIV status now	After the patient was retested, what is the status
For child <18 months: Was HIV PCR done?	Mark N/A if the patient is >18 months old. Mark whether or not this test was done for all children under 18 months.
Date PCR done	If PCR was done, state the date the PCR was done in the format dd/mm/yyyy .
For child ≤5 years: What was the mother's HIV status during pregnancy?	Was the mother HIV positive, negative or unknown during pregnancy?
Date of mother's HIV test	Record in the format dd/mm/yyyy or unknown
Source of HIV status	For positive or negative status: Select how the positive HIV status was reported. Select other and specify in the space provided, e.g. lab report
If mother was HIV positive during pregnancy, which ARVs were given?	Select one of the options. If other specify in the space provided.
Date mother started on ARV therapy	Record in the format dd/mm/yyyy or unknown
Mother's CD4 count in pregnancy	Absolute value or unknown, if known record the date or list date as unknown if the information cannot be established.
Most recent CD4 count	Mark N/A or not done if the patient is HIV negative, HIV is unknown or the test was not performed at any stage. Do not mix up CD4 absolute and percentage. CD4 percentage refers to CD4% of lymphocytes not CD4% of white cells. Include the date of the CD4 count closest to the specimen collection date.
Most recent viral load	Mark N/A or not done if the patient is HIV negative, HIV unknown or the test was not performed at any stage. Include the date of the viral load taken closest to the specimen collection date.
Any antiretroviral use	Select one of the options to indicate the patient's antiretroviral use.
If ARVs use is <i>Current</i> what was the date of initiation?	Record in the format dd/mm/yyyy or unknown

Neonate only (≤29 old) related questions

Did the mother have gastrointestinal illness during pregnancy?	Select an option to answer if the mother of the child had symptoms of gastroenteritis during pregnancy or unknown.
If yes, how long (weeks) into the pregnancy when the illness occurred?	If the mother had gastrointestinal illness during pregnancy, indicated how many weeks into the pregnancy the illness occurred or unknown.
Did the mother receive treatment for the illness?	Select an option to answer if the mother of the child received treatment for gastrointestinal illness during pregnancy or unknown.
Did the mother visit a traditional healer prior to illness?	Select an option to answer if the mother of the child visited a traditional healer prior to her gastrointestinal illness during pregnancy or unknown.
Outcome of the baby	Select an option that accurately reflects the vital status of the baby

Residential Information – Applicable to all patients

How long has the patient lived at the home address provided?	Provide a duration in weeks, months or years for the duration of time the patient (or parent in the cases of a neonate) has resided at the home address provided
How many people live in the home?	State the number of people including the patient that reside in the home
How many rooms in the home?	State the number of formal (divided) rooms in the home
Type of housing	Select the option that best describes the home that the patient (or parent in the cases of a neonate) resides in
Water source	Select the option that best describes the manner in which the water is attained at the home. If other, describe water in the space provided.
Sanitation	Select the option that best describes the sanitation facilities available which are available the home. If other, describe sanitation facilities in the space provided.
Does the home have formal kitchen?	Select an option to answer if the home has an established kitchen or unknown.
Does the home have refrigerated food storage?	Select an option to answer if the home has a refrigerator for food storage or unknown.

Food Exposure Related Information - Applicable to all patients

Where did the patient purchase his/her food in the 3 months prior to onset of illness?	If the patient is a neonate this question pertains to the mother – List the 3 main shops by name and their respective locations from where the patient purchases his/her food in the 90 days prior to illness. If the shop is either an informal or spaza shop emphasis must be placed on obtaining a good description of the shops location.
Did the patient eat at take-away shops, restaurants or fast-food stores in the 3 months prior to the onset of illness?	If the patient is a neonate this question pertains to the mother – if the response is <i>Yes</i> - List the 3 main venues by name and their respective locations from where the patient ate out in the 90 days prior to illness. Emphasis must be placed on obtaining a good description of the shops location.
Did the patient purchase food from an informal trader/vendor a month prior to onset of illness?	Select an option to answer if the patient (or mother of the patient is a neonate) purchase food from an informal trader/vendor in the 30 day period prior to onset of illness or unknown.
Name of trader/vendor	If the response is <i>Yes</i> to the previous question, state the name of the trader/vendor to the best of the patient's (or mother of the patient is a neonate) ability
Location	Emphasis must be placed on obtaining a good description of the trader's/vendor's location.
Does the patient grow or produce his/her own food items?	Select an option to answer if the patient (or mother of the patient is a neonate) grows their fruits and vegetable at home or produces any other food items at home or unknown.
If yes, list	If the response is <i>Yes</i> to the previous question, list all items that are produced at home.
Did the patient consume the following food items a month prior to onset of illness?	Select all categories or food options that apply to the patient's (or mother of the patient is a neonate) dietary choices in the 30 days prior to the patient's onset of illness.

Environmental Exposure Information - Applicable to all patients

Did the patients seek treatment from a traditional healer in the 3 months prior to onset of illness?	Select an option to answer if the patient (or mother of the patient is a neonate) purchase food from an informal trader/vendor in the 30 day period prior to onset of illness or unknown.
Name of traditional healer	If the response is Yes to the previous question, state the name of the traditional healer to the best of the patient's (or mother of the patient is a neonate) ability.
Location of healer	Emphasis must be placed on obtaining a good description of the trader's/vendor's location.

Data Capture Information - To be completed by person capturing data at the NICD

Data capture date	In the format dd/mm/yyyy
Data capturer name	First name and surname of the person who captured the information collected on the CI into the CED database
Database record number	Auto-assigned MS Access database record number linking the paper CIF to the electronic database.